

County: Kewaunee
KEWAUNEE CARE CENTER
1308 LINCOLN STREET

Facility ID: 4820

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KEWAUNEE 54216 Phone:(920) 388-4111
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/05): 72
Total Licensed Bed Capacity (12/31/05): 80
Number of Residents on 12/31/05: 51

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 60

Age, Gender, and Primary Diagnosis of Residents (12/31/05)				Length of Stay (12/31/05)			
Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	29.4	1 - 4 Years	47.1
Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	23.5		
Mental Illness (Org./Psy)	13.7	65 - 74	5.9				
Mental Illness (Other)	2.0	75 - 84	25.5				
Alcohol & Other Drug Abuse	0.0	85 - 94	66.7				
Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.0				
Cancer	0.0						
Fractures	3.9						
Cardiovascular	13.7	65 & Over	100.0				
Cerebrovascular	13.7						
Diabetes	3.9	Gender	%				
Respiratory	2.0						
Other Medical Conditions	47.1	Male	37.3				
	----	Female	62.7				
	100.0		100.0				
				Full-Time Equivalent			
				Nursing Staff per 100 Residents			
				(12/31/05)			
				RNs	7.0	LPNs	12.0
				Nursing Assistants,		Aides, & Orderlies	42.2

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%
Int. Skilled Care	0	0.0	0	1	2.9	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	331	33	97.1	121	0	0.0	0	14	100.0	153	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		34	100.0		0	0.0		14	100.0		0	0.0		0	0.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05								

		% Needing				Total				
Percent Admissions from:		Activities of		%		Assistance of		% Totally		
		Daily Living (ADL)		Independent		One Or Two Staff		Dependent		
Private Home/No Home Health		22.5	Bathing		0.0	58.8		41.2	51	
Private Home/With Home Health		0.0	Dressing		19.6	41.2		39.2	51	
Other Nursing Homes		0.0	Transferring		29.4	39.2		31.4	51	
Acute Care Hospitals		74.6	Toilet Use		29.4	43.1		27.5	51	
Psych. Hosp.-MR/DD Facilities		0.0	Eating		62.7	21.6		15.7	51	
Rehabilitation Hospitals		0.0	*****							
Other Locations		1.4	Continence		%	Special Treatments		%		
Total Number of Admissions		71	Indwelling Or External Catheter		5.9	Receiving Respiratory Care		5.9		
Percent Discharges To:			Occ/Freq. Incontinent of Bladder		41.2	Receiving Tracheostomy Care		0.0		
Private Home/No Home Health		35.6	Occ/Freq. Incontinent of Bowel		27.5	Receiving Suctioning		0.0		
Private Home/With Home Health		1.1				Receiving Ostomy Care		2.0		
Other Nursing Homes		2.3	Mobility			Receiving Tube Feeding		0.0		
Acute Care Hospitals		9.2	Physically Restrained		3.9	Receiving Mechanically Altered Diets		25.5		
Psych. Hosp.-MR/DD Facilities		0.0								
Rehabilitation Hospitals		0.0								
Other Locations		1.1	Skin Care			Other Resident Characteristics				
Deaths		37.9	With Pressure Sores		3.9	Have Advance Directives		84.3		
Total Number of Discharges			With Rashes		9.8	Medications				
(Including Deaths)		87				Receiving Psychoactive Drugs		47.1		
